

## LME Alternative Service Request for Use of DMHDDSAS State Funds

### For Proposed MH/DD/SAS Service Not Included in Approved Statewide IPRS Service Array

**Note:** Submit completed request form electronically to Wanda Mitchell, Budget and Finance Team, at [Wanda.Mitchell@ncmail.net](mailto:Wanda.Mitchell@ncmail.net), and to Spencer Clark, Chief's Office, Community Policy Management Section, at [Spencer.Clark@ncmail.net](mailto:Spencer.Clark@ncmail.net). Questions about completing and submitting this form may be addressed to Brenda G. Davis, CPM Chief's Office, at [Brenda.G.Davis@ncmail.net](mailto:Brenda.G.Davis@ncmail.net) or (919) 733-4670, or to Spencer Clark at [Spencer.Clark@ncmail.net](mailto:Spencer.Clark@ncmail.net) or (919) 733-4670.

<b>a. Name of LME</b> <b>Piedmont Behavioral Healthcare (PBH)</b>		<b>b. Date Submitted</b> <b>6-13-08</b>
<b>c. Name of Proposed LME Alternative Service B3 Respite Individual _ YA315</b>		
<b>d. Type of Funds and Effective Date(s):</b> <i>(Check All that Apply)</i>  <div style="display: flex; justify-content: space-around;"> <span><input checked="" type="checkbox"/> <b>State Funds:</b> Effective 7-01-07 to 6-30-08</span> <span><input checked="" type="checkbox"/> <b>State Funds:</b> Effective 7-01-08 to 6-30-09</span> </div>		
<b>e. Submitted by LME Staff (Name &amp; Title)</b> David Jones, MA Director of Clinical Operations	<b>f. E-Mail</b> <a href="mailto:davidj@pamh.com">davidj@pamh.com</a>	<b>g. Phone No.</b> 704-743-2106

#### **Background and Instructions:**

This form has been developed to permit LMEs to request the establishment in IPRS of Alternative Services to be used to track state funds through a fee-for-service tracking mechanism. An LME that receives state single stream or other state non-UCR funding shall use such funding to purchase or start up services included in the Integrated Payment and Reporting System (IPRS) service array and directed towards the approved IPRS target population(s). If the LME wishes to propose the use of state funds for the provision of an Alternative Service that is not included in the IPRS service array, the LME shall submit an ***LME Alternative Service Request for Use of DMHDDSAS State Funds.***

This form shall be completed to fully describe the proposed Alternative Service for which Division approval is requested in order to develop an IPRS reporting code and an appropriate rate for the Alternative Service.

Please use the following template to describe the LME's proposed Alternative Service definition and address all related issues using the standard format and content categories that have been adopted for new MH/DD/SA Services.

Please note that:

- an individual LME Alternative Service Request form is required to be completed for each proposed Alternative Service;
- a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to directly provide an approved Alternative Service; and
- the current form is not intended to be utilized in SFY 07-08 for the reporting on the use of county funds by an LME. The Division continues to work with the County Funds Workgroup to establish a mechanism to track and report on the use of county funds through IPRS reporting effective July 1, 2008.

Requirements for Proposed LME Alternative Service	
<i>(Items in italics are provided below as examples of the types of information to be considered in responding to questions while following the regular Enhanced Benefit Service definition format. Rows may be expanded as necessary to fully respond to questions.)</i>	
Complete items 1 through 28, as appropriate, for all requests.	
1	<b>Alternative Service Name, Service Definition and Required Components- B3 Respite Individual</b>
2	<b>Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array</b> <ul style="list-style-type: none"> <li><i>PBH specific service array to best provide for consumer needs within the PBH system of care</i></li> </ul>
3	<b>Description of service need(s) to be addressed exclusively through State funds for which Medicaid funding cannot be appropriately accessed through a current Medicaid approved service definition</b> <p>Respite services provide periodic support and relief to the primary caregivers from the responsibility and stress of caring for children {ages three (3) to twenty-one (21)} with mental health, developmental disabilities and substance abuse, and for adults with developmental disabilities. Persons receiving this service must live in a non-licensed setting, with non-paid caregiver(s). This service enables the primary caregiver(s) to meet or participate in scheduled and unscheduled events and to have time away from the child with MH/DD/SAS diagnosis or adults with developmental disabilities. Respite may include in and out-of-home services, activities in a variety of community locations, and may include overnight services. Respite services may be provided according to a variety of models. These may include weekend care, emergency care (family emergency based, not to include crisis respite), or continuous care up to ten (10) days. The respite provider addresses the health, nutrition and daily living needs of the MH/DD/SA child or adult with developmental disabilities. The individual does not need care that requires nursing oversight as defined by the NC Board of Nursing.</p> <p>The primary caregiver is defined as the person principally responsible for the care and supervision of the MH/DD/SA child or adult with developmental disability and must maintain his/her primary residence at the same address as the child or adult.</p>
4	<b>Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service: (Check one)</b> <p><input checked="" type="checkbox"/> Recommends    <input type="checkbox"/> Does Not Recommend    <input type="checkbox"/> Neutral (No CFAC Opinion)</p>
5	<b>Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service</b> 150
6	<b>Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service</b> 115,000
7	<b>Eligible IPRS Target Population(s) for Alternative Service: (Check all that apply)</b> <p><u>Assessment Only:</u>    <input type="checkbox"/> All    <input type="checkbox"/> CMAO    <input type="checkbox"/> AMAO    <input type="checkbox"/> CDAO    <input type="checkbox"/> ADAO    <input type="checkbox"/> CSAO    <input type="checkbox"/> ASAO</p> <p><u>Crisis Services:</u>    <input type="checkbox"/> All    <input type="checkbox"/> CMCS    <input type="checkbox"/> AMCS    <input type="checkbox"/> CDCS    <input type="checkbox"/> ADCS    <input type="checkbox"/> CSCS    <input type="checkbox"/> ASCS</p> <p><u>Child MH:</u>    <input checked="" type="checkbox"/> All    <input type="checkbox"/> CMSED    <input type="checkbox"/> CMMED    <input type="checkbox"/> CMDEF    <input type="checkbox"/> CMPAT    <input type="checkbox"/> CMECD</p>

	<p><b><u>Adult MH:</u></b>            <input type="checkbox"/> <i>All</i>   <input type="checkbox"/> <i>AMSPM</i>   <input type="checkbox"/> <i>AMSMI</i>   <input type="checkbox"/> <i>AMDEF</i>   <input type="checkbox"/> <i>AMPAT</i>   <input type="checkbox"/> <i>AMSRE</i></p> <p><b><u>Child DD:</u></b>            <input checked="" type="checkbox"/> <i>CDSN</i></p> <p><b><u>Adult DD:</u></b>            <input checked="" type="checkbox"/> <i>All</i>   <input type="checkbox"/> <i>ADSN</i>   <input type="checkbox"/> <i>ADMRI</i></p> <p><b><u>Child SA:</u></b>            <input checked="" type="checkbox"/> <i>All</i>   <input type="checkbox"/> <i>CSSAD</i>   <input type="checkbox"/> <i>CSMAJ</i>   <input type="checkbox"/> <i>CSWOM</i>   <input type="checkbox"/> <i>CSCJO</i>   <input type="checkbox"/> <i>CSDWI</i>   <input type="checkbox"/> <i>CSIP</i>  <input type="checkbox"/> <i>CSSP</i></p> <p><b><u>Adult SA:</u></b>            <input type="checkbox"/> <i>All</i>   <input type="checkbox"/> <i>ASCDR</i>   <input type="checkbox"/> <i>ASHMT</i>   <input type="checkbox"/> <i>ASWOM</i>   <input type="checkbox"/> <i>ASDSS</i>   <input type="checkbox"/> <i>ASCJO</i>   <input type="checkbox"/> <i>ASDWI</i>  <input type="checkbox"/> <i>ASDHH</i>   <input type="checkbox"/> <i>ASHOM</i>   <input type="checkbox"/> <i>ASTER</i></p> <p><b><u>Comm. Enhance.:</u></b>   <input type="checkbox"/> <i>All</i>   <input type="checkbox"/> <i>CMCEP</i>   <input type="checkbox"/> <i>AMCEP</i>   <input type="checkbox"/> <i>CDCEP</i>   <input type="checkbox"/> <i>ADCEP</i>   <input type="checkbox"/> <i>ASCEP</i>   <input type="checkbox"/> <i>CSCEP</i></p> <p><b><u>Non-Client:</u></b>           <input type="checkbox"/> <i>CDF</i></p>
8	<p><b>Definition of Reimbursable Unit of Service: (Check one)</b></p> <p><input type="checkbox"/> <i>Service Event</i>    <input checked="" type="checkbox"/> <i>15 Minutes</i>            <input type="checkbox"/> <i>Hourly</i>    <input type="checkbox"/> <i>Daily</i>    <input type="checkbox"/> <i>Monthly</i></p> <p><input type="checkbox"/> <i>Other: Explain</i> _____</p>
9	<p><b>Proposed IPRS <u>Average</u> Unit Rate for LME Alternative Service</b></p> <p><i>Since this proposed unit rate is for Division funds, the LME can have different rates for the same service within different providers. What is the proposed <u>average</u> IPRS Unit Rate for which the LME proposes to reimburse the provider(s) for this service?</i></p> <p style="text-align: center;"><b>\$3.88</b></p>
10	<p><b>Explanation of LME Methodology for Determination of Proposed IPRS <u>Average</u> Unit Rate for Service</b> <i>Comparable to like services</i></p>
11	<p><b>Provider Organization Requirements</b></p> <p>Planned Respite services must be delivered by staff employed by a mental health/substance abuse/developmental disability provider organization that meets the provider qualification policies, procedures, and standards established by Division of Mental Health, Developmental Disabilities and Substance Abuse Services and the requirements of 10A NCAC 27G. These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being endorsed by PBH. The organization must be established as a legally recognized entity in the United States and qualified/registered to do business as a corporate entity in the State of North Carolina. Private home respite services serving individuals outside their private home are subject to licensure under G.S. 122C Article 2 when:</p> <ul style="list-style-type: none"> <li>• More than two individuals are served concurrently, or</li> <li>• Either one or two children, two adults or any combination thereof are served for a cumulative period of time exceeding 240 hours per calendar month.</li> </ul> <p>FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.</p>
12	<p><b>Staffing Requirements by Age/Disability</b></p> <p>All Associate Professionals (AP) and Paraprofessional level persons who meet the requirements specified for Associated Professional and Paraprofessional status according to 10 NCAC 27G 0104 may provide Planned Respite.</p>

<b>13</b>	<p><b>Program and Staff Supervision Requirements</b></p> <p>All Associate Professions (AP) and Paraprofessional level staff must be supervised by a Qualified Professional. Supervision must be provided according to supervision requirements set forth in 10A NCAC 27G .0204</p>
<b>14</b>	<p><b>Requisite Staff Training</b></p> <p>All Staff providing Respite services to children and/or adults must complete training specific to the required components of the respite definition within ninety (90) days of employment. The competency based training should include but not limited to the following:</p> <ul style="list-style-type: none"> <li>• Diagnosis and clinical issues regarding the population served</li> <li>• Client Rights</li> <li>• Confidentiality/HIPPA</li> <li>• Crisis Intervention and Response</li> <li>• Infectious/Communicable Diseases</li> <li>• CPR/ First Aid/Seizure Management</li> <li>• Approved training on alternatives/restrictive interventions by a certified instructor prior to being alone with an individual and as appropriate for the individual</li> <li>• Protective Devices/Usage as appropriate for the individual</li> <li>• Cultural Diversity/Awareness</li> <li>• Child Development</li> <li>• Knowledge of the Service Delivery System</li> <li>• Medication Administration as appropriate for the individual</li> <li>• Person Centered Planning including goals and strategies</li> </ul>
<b>15</b>	<p><b>Service Type/Setting</b></p> <p>This is a periodic service</p> <p>This service may be provided in a variety of locations, including homes or facilities (to be checked by QM), according to licensure requirements noted under Provider Requirements above.</p>
<b>16</b>	<p><b>Program Requirements</b></p> <p>Respite Services are delivered face-to-face with the MH/DD/SA child or adult with developmental disabilities.</p> <p>The provider will ensure that the health, nutrition, supervision, and daily living needs of the MH/DD/SA child or DD adult are met during the respite event. The provider will seek and utilize caregiver input and instructions in the appropriate care and supervision of the person served. Respite care for MH/SA children is to be provided within the context of a System of Care framework. System of Care Values and Philosophies are to be utilized and are designed to support the MH/SA child remaining within the home and community.</p>
<b>17</b>	<p><b>Entrance Criteria</b></p> <p>The MH/DD/SA child or adult with developmental disabilities is eligible for this service when the person requires continuous supervision due to at least one identified disabilities as defined below:</p> <p>A. The person meets the functional eligibility criteria for the Piedmont Innovations waiver but is not enrolled</p> <p style="text-align: center;">OR</p>

	<p>B. CALOCUS level III or greater</p> <p style="text-align: center;">OR</p> <p>C. ASAM criteria of II.1 or greater</p> <p style="text-align: center;">AND</p> <p>D. There is an Axis I or II diagnosis present</p> <p style="text-align: center;">Or</p> <p>E. a current diagnosis of a developmental disability and for adults with developmental disabilities have a score of 102 or below on the Supports Intensity Scale</p>
18	<p><b>Entrance Process</b></p> <ul style="list-style-type: none"> <li>• <b><i>Integration with team planning process</i></b></li> <li>• <b><i>Integration with Person Centered Plan and clinical assessment</i></b></li> </ul> <p>PBH requires that a written person-centered plan be developed by the Person Centered Planning team prior to service implementation for the delivery of medically necessary services. PBH expects that consumers play an active role in directing the type, frequency and intensity of services to ensure that the service meets the needs, abilities, preferences and expectations of the consumer and their goals for recovery. It is also PBH's expectation that the PCP is informed by strong clinical data that supports medical necessity of a given service. Together these processes ensure that services are appropriate for meeting the consumer's needs but are supported by clinical evidence to ensure medical necessity.</p>
19	<p><b>Continued Stay Criteria</b></p> <ul style="list-style-type: none"> <li>• The primary caregiver continues to need temporary relief from care giving responsibilities of the child with mental health, substance abuse or developmental disabilities</li> <li>• The adult with developmental disabilities has limitations in adaptive skills that require supervision in the absence of the primary caregiver</li> <li>• For all of the above there are not other natural resources and supports available to the primary caregiver to provide the necessary relief or substitute care.</li> </ul>
20	<p><b>Discharge Criteria</b></p> <p>Respite is no longer identified within the Person Centered Plan or Service Plan; sufficient natural family supports have been identified to meet the need of the caregiver.</p> <p>The child or adult moves to a residential setting that has paid caregivers.</p> <p>The initial authorization for services shall not exceed 180 days. A maximum of sixty-four (64) units (sixteen (16) hours a day) can be provide in a twenty-four (24) hour period. No more than 1536 Units (384 Hours or 24 days) can be provided to an individual in a calendar year unless specific authorization for exceeding this limit is approved.</p>
21	<p><b>Evaluation of Consumer Outcomes and Perception of Care</b></p> <ul style="list-style-type: none"> <li>• <b><i>Describe how outcomes for this service will be evaluated and reported including planned utilization of and findings from NC-TOPPS, the MH/SA Consumer (Satisfaction) Surveys, the National Core Indicators Surveys, and/or other LME outcomes and perception of care tools for evaluation of the Alternative Service</i></b></li> <li>• <b><i>Relate emphasis on functional outcomes in the recipient's Person Centered Plan</i></b></li> </ul>

	<p>For services that require completion of NC TOPPs, MH/SA Consumer Surveys, and/or National Core indicators, PBH will monitor to ensure that evaluation tools are completed within mandated time frames and reported to the required reporting bodies. PBH will also use the data obtained from these measures to track trends that effect service satisfaction, accessibility and utilization. This data then can be used to leverage changes in the PBH provider network related to quality and availability of services.</p> <p>The expected outcome of this service is maintenance of MH/SA/DD child or adult with a Developmental Disability within the residence of the primary caregiver. Continued utilization of this service will be determined by medical necessity reviewed every 180 days or more often as needed. PBH has established a systematic method of reviewing the quality, appropriateness, and comprehensiveness of the person-centered plan. Each goal on the person-centered plan is reviewed separately, based on the target date associated with each goal to ensure that services are individualized to meet the strength, needs, abilities and preferences of the consumer.</p>
22	<p><b>Service Documentation Requirements</b></p> <ul style="list-style-type: none"> <li><b><i>Is this a service that can be tracked on the basis of the individual consumer's receipt of services that are documented in an individual consumer record?</i></b> <p><input checked="" type="checkbox"/> <b>Yes</b>    <input type="checkbox"/> <b>No</b>        <b><i>If "No", please explain.</i></b></p> </li> <li><b><i>Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc.</i></b> Minimum standard is a daily service note that meets the criteria specified in the Service Records manual and includes the name, Medicaid identification number, date of service, purpose of contact, describes the respite services activities includes the time spent performing respite service and includes the signature and credentials of the respite provider.</li> </ul>
23	<ul style="list-style-type: none"> <li><b>Service Exclusions- Identify other service(s) that are limited or cannot be provided on the same day or during the same authorization period as proposed Alternative Service</b></li> </ul> <p>Respite shall not be provided or billed during the same authorization period as the following services:</p> <ul style="list-style-type: none"> <li>Residential Level II-Family Type,</li> <li>Level II-IV Child Residential,</li> <li>PRTF,</li> <li>ICF-MR,</li> <li>Residential services (state funded).</li> </ul> <p>Individuals who are currently funded through the Innovations waiver are not eligible for B-3 funded services.</p> <p>Respite may not be provided at the same time of day as the following services:</p> <ul style="list-style-type: none"> <li>Day Treatment,</li> <li>Community Support – Child/Adolescent,</li> <li>Multi-Systemic Treatment, and</li> <li>Intensive In-Home Services.</li> </ul> <p>An individual can receive planned Respite services from only one (1) respite provider at a time.</p> <p>Respite services shall only be provided for the identified MH/DD/SA child or adult with developmental disabilities; other family members, such as siblings of the individual, may not receive care from the provider while Respite Care is being provided/billed for the identified recipient.</p>

	Respite Care shall not provided by any individual who resides in the child's or adult's primary place of residence
24	<ul style="list-style-type: none"> <li>• <b>Service Limitations- Specify maximum number of service units that may be reimbursed within an established timeframe (day, week, month, quarter, year)</b></li> </ul> <p>The initial authorization for services shall not exceed 180 days. A maximum of sixty-four (64) units (sixteen (16) hours a day) can be provide in a twenty-four (24) hour period. No more than 1536 Units (384 Hours or 24 days) can be provided to an individual in a calendar year unless specific authorization for exceeding this limit is approved.</p>
25	<p><b>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</b></p> <ul style="list-style-type: none"> <li>• <b>Provide other organizational examples or literature citations for support of evidence base for effectiveness of the proposed Alternative Service</b></li> </ul>
26	<p><b>LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service</b></p> <p>PBH QM Department will monitor this service for quality and fidelity to the definition through billing audit reviews.</p>
27	<b>LME Additional Explanatory Detail (as needed)</b>